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Typed or Printed Name		Susan M. Alessi	
Signature		<i>Susan Alessi</i>	Date 02-07-2003
<b>REVOCATION OF POWER OF ATTORNEY/POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>  Commissioner for Patents Washington, D.C. 20231		Attorney Docket	VITA-002CIP
		First Named Inventor	LU, PETER S.
		Application Number	09/687,837
		Filing Date	October 13, 2000
		Group Art Unit	1647
		Examiner Name	BUNNER, BRIDGET E.
		Title: "CLASP-2 TRANSMEMBRANE PROTEINS"	
I hereby <u>revoke</u> all <u>previous</u> powers of attorney or authorizations of agent given in the above-identified application and <u>hereby appoint</u> Practitioners at:			
<input checked="" type="checkbox"/> 24353			
whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or <i>inter partes</i> proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to the above-mentioned customer number.			
<b>STATEMENT UNDER 37 CFR § 3.73(b)</b>			
In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on February 2, 2001 at Reel 011510, Frames to 0158.			
I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.			
I am the: <input type="checkbox"/> Applicant; or <input checked="" type="checkbox"/> Assignee of record of the entire interest <input type="checkbox"/> Attorney of record			
<b>SIGNATURE of Applicant, Assignee or Attorney of Record</b>			
Name	Peter S. Lu		
Signature	<i>Peter S. Lu</i>		
Date	2/5/03		

#18  
M.G.J  
2/20/03

1647

Please type a plus sign (+) inside this box →

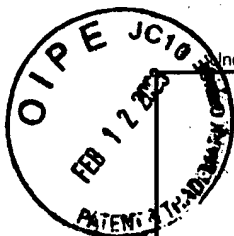


PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/687,837
		Filing Date	October 13, 2000
		First Named Inventor	LU, PETER S.
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Total Number of Pages in This Submission	2	Attorney Docket Number	VITA-002CIP

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>1. Postcard</b>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	JAMES S. KEDDIE, PH.D., Reg. No. 48,920
Signature	<i>James S. Keddie</i>
Date	February 7, 2003

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Typed or printed name	Susan M. Alessi	Date	February 7, 2003
Signature	<i>Susan Alessi</i>		

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